



APPLICATION AND INFORMATION

Motor Fuel and Special Fuel Suppliers

Motor Fuel and Special Fuel Distributors

Aircraft Fuel Distributors

Motor Fuel and Special Fuel Importers and Exporters

Motor Fuel and Special Fuel Blenders

IMPORTANT LICENSE INFORMATION

General: A legal history form and two fingerprint cards must be completed and submitted for each owner, partner, and/or corporate officer listed on the application. If your company's current financial statement includes the same information as requested on this form, you may simply attach the statement to this application.

Fingerprint Cards: Contact your local law enforcement agency to have your fingerprints taken by qualified law enforcement personnel. These agencies are authorized to charge a nominal fee for their services. Submit the fingerprint cards with your application; do not have law enforcement send them directly to the Department.

Fee Information: No application fee is required for these licenses. However, a background investigation of each owner, partner, and/or corporate officer listed on the application is required. A \$50.00 fee is charged for each background investigation conducted. Multiple fuel license applications will only require a single background check for each person.

Fuel Tax Bonds: To be licensed as a Motor Fuel or Special Fuel Supplier, Distributor, Importer, Exporter, Blender, or as an Aircraft Fuel Distributor, you must be bonded. Bonding amounts are based on your estimated monthly fuel tax liability. Cash bonds and certificates of deposit are accepted in lieu of a surety bond.

| License Type | Minimum | Maximum |
|----------------------------|---------|-----------|
| All Motor Fuel Licenses | \$5,000 | \$100,000 |
| All Special Fuel Licenses | \$500 | \$100,000 |
| Aircraft Fuel Distributors | \$5,000 | \$50,000 |

Record Keeping: Records must be kept for three (3) years for Aircraft and five (5) years for all other license types. These include invoices, bills of lading, and other papers as required by the Department.

Cancellation: If you wish to cancel your license, notify our office in writing or mark the cancellation box on your fuel tax return. Upon proper application, your license can be reissued at any time within three (3) years of the date of cancellation

Revocation: A fuel tax license may be revoked when a tax return or fuel taxes due are not submitted in a timely manner. All your Washington fuel tax licenses will be revoked when one license is revoked. To reinstate a revoked fuel license, the following documents are required:

- all tax returns through the revocation date
- a new application
- payment for unpaid taxes
- a \$100.00 reinstatement fee (for special fuel licenses only)

LICENSE TYPES

Motor Fuel Supplier or Special Fuel

Supplier License: These licenses allow the purchase and storage of non-taxed fuel within the bulk transfer-terminal system for subsequent tax-free sales to other licensed suppliers or licensed exporters. A supplier license includes the ability to export and import fuel. Supplier licenses also allow for the tax-deferred sale of fuel to licensed motor fuel and special fuel distributors. The special fuel supplier license allows for the tax free sales to licensed special fuel distributors selling to IFTA qualified carriers. Monthly tax returns and detailed schedules are required.

Motor Fuel Distributor or Special Fuel

Distributor License: These licenses allow the tax-deferred purchase of motor fuel or special fuel from a licensed motor fuel or special fuel supplier. If the distributor elects to pay the supplier in this manner, payments must be made by electronic funds transfer. No tax returns are required for these license types. However, schedules are required for authorized sales to IFTA carriers.

Motor Fuel and Special Fuel Importer or

Exporter License: An export license allows the tax-free purchase of fuel from your supplier by rail car or truck tanker for immediate export to a destination outside the state. An import license allows the importation of fuel into the state by rail car or tanker truck. Payment of the fuel tax is due upon importation. A supplier license includes the ability to export and import fuel. Monthly tax returns and detailed schedules are required.

Motor Fuel or Special Fuel Blender License:

A blender license allows the blending of taxed fuel with another liquid that is not taxed to produce an end product that can be used to propel a motor vehicle. Tax is imposed upon the volume of product that has not been previously taxed. Monthly tax returns and detailed schedules are required.

Aircraft Fuel (AV Gas/Jet Fuel) Distributor

License: An Aircraft Fuel Distributor License is required to purchase non-taxed Aviation or Jet Fuel for sale to other licensed Aircraft Distributors or Aircraft Fuel Certified Users. Monthly tax returns and detailed schedules are required.

FUEL TAX LICENSE FORM INSTRUCTIONS

General Information: Check the appropriate boxes to identify your license, application, and business structure types.

Business Information: Enter your business name, physical and mailing addresses, location of records, contact person, corporate officers/partners, foreign corporation representation (if any), and other federal and/or state identification numbers.

Current or Previous License Information:

Provide the name, location, and fuel license number(s) of any other fuel licenses you hold, have held, or have been party to in the past 5 years. Answer all questions as they apply and provide requested details.

Special Fuel Distributors - Special

Authorization Information: Licensed Special Fuel Distributors may sell tax-free non-dyed fuel from cardlocks to authorized farmers, logging companies, and construction companies for use in non-highway equipment or into slip tanks for non-highway use. The licensed special fuel distributor then files a claim for refund on this fuel. Participation by special fuel distributors in this program is voluntary.

Fuel Acquisition and Distribution

Information: Provide details as requested regarding your fuel suppliers, types of fuel to be sold, how fuel will be obtained and distributed with estimated gallons in the appropriate columns.

Certification: This application must be signed by an owner, partner, or corporate officer as listed on the application. If any other party signs, please attach a Power of Attorney.

Suppliers: If you are requesting a supplier license, you must attach a copy of your federal certificate of registry that is issued under the Internal Revenue Code. This certificate authorizes federal tax-free transactions in the bulk transfer-terminal system.

Import or Export Activity: If fuel licenses are required by the other jurisdictions from which you import or export fuel, you must provide copies of those licenses to the Department of Licensing.



GENERAL INFORMATION

Please check the appropriate boxes below:

TYPE OF LICENSE:

Motor Fuel

- ☐ Supplier
☐ Distributor
☐ Importer
☐ Exporter
☐ Blender

Special Fuel

- ☐ Supplier
☐ Distributor
☐ Importer
☐ Exporter
☐ Blender

TYPE OF APPLICATION:

- ☐ Original
☐ Reinstatement
☐ Address update
☐ Name Change
☐ Ownership/Corp. change

TYPE OF BUSINESS STRUCTURE:

- ☐ Individual
☐ Partnership
☐ Corporation
☐ Government

☐ Other _____

☐ Aircraft Jet Fuel Distributor

☐ Aircraft Av Gas Distributor

BUSINESS INFORMATION

| | | | | | |
|---|--|---------------------|-------|-------------------|---------------------|
| NAME IN WHICH LICENSE IS TO BE ISSUED | | FEIN OR SSN | | UBI NUMBER | |
| MAILING ADDRESS | | CITY | STATE | ZIP | PHONE NUMBER () |
| PHYSICAL LOCATION ADDRESS (NO PO BOXES) | | CITY | STATE | ZIP | PHONE NUMBER () |
| LOCATION OF RECORDS | | CITY | STATE | ZIP | PHONE NUMBER () |
| CONTACT PERSON | | PHONE NUMBER () | | FAX NUMBER () | |
| LIST NAMES AND TITLES OF ALL CORPORATE OFFICERS OR PARTNERS, IF APPLICABLE (ATTACH SEPARATE PAGE IF NECESSARY) | | | | | |
| 1. | | | | | |
| NAME AND TITLE OF ADDITIONAL CORPORATE OFFICER OR PARTNER | | | | | |
| 2. | | | | | |
| NAME AND TITLE OF ADDITIONAL CORPORATE OFFICER OR PARTNER | | | | | |
| 3. | | | | | |
| IF A FOREIGN CORPORATION, GIVE NAME AND ADDRESS OF ATTORNEY-IN-FACT OR WASHINGTON REGISTERED AGENT | | | | | |
| Does the applicant now hold or has the applicant ever held a fuel license of any type in Washington or any other jurisdiction? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| If yes, in what name (Personal or Business) _____ | | | | | |
| In what jurisdiction _____ License number _____ | | | | | |

SPECIAL FUEL DISTRIBUTORS

| |
|--|
| Will you operate a cardlock facility? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Will you be participating in the Special Authorization Program? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| YOUR SUPPLIERS NAME AND ADDRESS (USE THE FOLLOWING 4 LINES FOR DETAILS ON ADDITIONAL SUPPLIERS) |
| ADDITIONAL SUPPLIER'S NAME AND ADDRESS |
| ADDITIONAL SUPPLIER'S NAME AND ADDRESS |
| ADDITIONAL SUPPLIER'S NAME AND ADDRESS |
| ADDITIONAL SUPPLIER'S NAME AND ADDRESS |

FOR OFFICE USE ONLY

| | | | | | |
|--|------------|--------------|----|----|-------------|
| | ISSUE DATE | REISSUE DATE | TT | RF | BOND AMOUNT |
| | | | | | |
| | | | | | |

FUEL ACQUISITIONS/DISTRIBUTIONS – ESTIMATED GALLONS PER MONTH

| ACQUISITIONS | MD-GASOLINE | SD-DIESEL | DA-AVIATION GAS | DJ-JET FUEL |
|--|-------------|-----------|-----------------|-------------|
| REFINE, MANUFACTURE, PRODUCE, OR BLEND | | | | |
| IMPORT TO WASHINGTON | | | | |
| PURCHASE IN WASHINGTON | | | | |
| DISTRIBUTIONS | MD-GASOLINE | SD-DIESEL | DA-AVIATION GAS | DJ-JET FUEL |
| EXPORT SALES BY MARINE VESSELS | | | | |
| EXPORTED FROM WASHINGTON | | | | |
| TO IFTA QUALIFIED CARRIERS | | | | |
| INTO SUPPLY TANKS OF MOTOR VEHICLES | | | | |
| TO LICENSED DISTRIBUTORS | | | | |
| TO SERVICE STATIONS | | | | |
| TO EXEMPT AIRCRAFT | | | | |
| TO LICENSED CERTIFIED AIRCRAFT USERS | | | | |

Financial Information – Attach additional sheets using the same format, identifying each section by letter

| | | |
|------------------------------------|--------|-------------|
| BUSINESS TRUST ACCOUNT (BANK NAME) | BRANCH | ACCOUNT NO. |
| BANK REFERENCE | BRANCH | ACCOUNT NO. |
| BANK REFERENCE | BRANCH | ACCOUNT NO. |
| FINANCING ORGANIZATION (BANK NAME) | BRANCH | ACCOUNT NO. |
| FINANCING ORGANIZATION (BANK NAME) | BRANCH | ACCOUNT NO. |

| A.ASSETS | | B.LIABILITIES | |
|---|-------|---|--------|
| List bank names and account numbers (List Details on page 5 where applicable) | TOTAL | List details on page 6 where applicable | AMOUNT |
| CHECKING | \$ | ACCOUNTS PAYABLE | \$ |
| SAVINGS | | NOTES PAYABLE | |
| ESCROW | | MORTGAGES PAYABLE | |
| CASH ON HAND | | INCOME TAX PAYABLE | |
| STOCKS & BONDS | | OTHER TAXES PAYABLE | |
| NOTES RECEIVABLE | | CONTINGENT LIABILITIES | |
| ACCOUNTS RECEIVABLE | | TOTAL LIABILITIES | |
| REAL ESTATE OWNED | | | |
| MORTGAGES & CONTRACTS OWNED | | OWNER'S EQUITY | |
| FURNITURE, FIXTURES, EQUIP. (NET VALUE) | | STOCKHOLDERS EQUITY | |
| AUTOMOBILE (YEAR) (MAKE) | | RETAINED EARNINGS | |
| AUTOMOBILE (YEAR) (MAKE) | | TOTAL NET WORTH | |
| TOTAL ASSETS | | TOTAL LIABILITIES & NET WORTH | |

ASSETS

C. STOCKS AND BONDS

| NAME AND TYPE OF COMPANY | NO. OF SHARES / FACE VALUE | MARKET PER UNIT | TOTAL MARKET VALUE |
|--------------------------|----------------------------|-----------------|--------------------|
| | | | |
| | | | |
| | | | |
| TOTAL | | | |

D. NOTES RECEIVABLE AND ACCOUNTS RECEIVABLE

| FROM WHOM (FULL NAME, ADDRESS) | PHONE NUMBER | AMOUNT | DUE | INTEREST RATE |
|--------------------------------|--------------|--------|-----|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL | | | | |

E. REAL ESTATE OWNED

| DESCRIPTION OR ADDRESS OF PROPERTY COVERED | ACRES | SEC/LOT | TWP/BLK | MONTHLY RGE/DIV |
|--|-------|---------|---------|-----------------|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |

E. REAL ESTATE OWNED (CONT)

| TITLE IN NAME OF | VALUE OF LAND | VALUE OF BUILDINGS | AMT OF MORTGAGE | FIRE INSURANCE |
|------------------|---------------|--------------------|-----------------|----------------|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |
| TOTAL | | | | |

F. MORTGAGES AND CONTRACTS OWNED

| DESCRIPTION OR ADDRESS OF PROPERTY COVERED | FULL NAME OF DEBTOR | PHONE NUMBER |
|--|---------------------|--------------|
| 1) | | |
| 2) | | |
| 3) | | |
| 4) | | |
| 5) | | |

F. MORTGAGES AND CONTRACTS OWNED (CONT)

| PAYMENT SCHEDULE | AMOUNT PAST DUE | ORIGINAL BALANCE | PRESENT MORTGAGE | INTEREST INSURANCE |
|------------------|-----------------|------------------|------------------|--------------------|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |
| 5) | | | | |

LIABILITIES

G. NOTES PAYABLE, ACCOUNTS PAYABLE, BILLS PAYABLE, AND CREDIT CARDS

| TO WHOM (FULL NAME, ADDRESS) | PHONE NUMBER | TOTAL AMOUNT | AMOUNT DUE | INTEREST RATE |
|------------------------------|--------------|--------------|------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL | | | | |

H. MORTGAGES AND CONTRACTS PAYABLE - INCLUDE RENT PAYMENTS

| DESCRIPTION OR ADDRESS OF PROPERTY COVERED | FULL NAME OF LENDER | PHONE NUMBER |
|--|---------------------|--------------|
| 1) | | |
| 2) | | |
| 3) | | |
| 4) | | |
| 5) | | |

H. MORTGAGES AND CONTRACTS PAYABLE - INCLUDE RENT PAYMENTS (CONT)

| PAYMENT SCHEDULE | AMOUNT PAST DUE | ORIGINAL BALANCE | PRESENT BALANCE | INTEREST RATE |
|------------------|-----------------|------------------|-----------------|---------------|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |
| 5) | | | | |
| TOTAL | | | | |

CERTIFICATION

I certify, under penalty of perjury, that the information submitted on this application is true and correct to the best of my knowledge. I agree to comply with any recordkeeping, reporting, tax payments, and license display requirements as required by the State of Washington, Department of Licensing and understand that failure to do so may result in revocation of my license. I understand that the information contained herein is subject to inspection by the Internal Revenue Service. I further understand that all information provided is subject to verification by the Department of Licensing and I also agree to provide updated information to the Department, as circumstances require.

SIGNATURE

TITLE - OWNER, PARTNER, OR OFFICER OF CORPORATION
(IF NOT ATTACH POWER OF ATTORNEY)

DATE

Legal History

All applicants must complete this form. If the business structure is a partnership, each partner must complete a form. If the business structure is a corporation, each officer and director listed on the application must complete this form.

| | | | |
|------------------|---------------|-----|------------------------|
| APPLICANT'S NAME | DATE OF BIRTH | | |
| STREET ADDRESS | HOME PHONE | | |
| CITY | STATE | ZIP | SOCIAL SECURITY NUMBER |

Employment or business history

| | | | | |
|------------------------------------|----|-----------------|-----------|----------------------|
| FROM | TO | NAME OF COMPANY | JOB TITLE | IMMEDIATE SUPERVISOR |
| ADDRESS (STREET, CITY, STATE, ZIP) | | | | |
| FROM | TO | NAME OF COMPANY | JOB TITLE | IMMEDIATE SUPERVISOR |
| ADDRESS (STREET, CITY, STATE, ZIP) | | | | |
| FROM | TO | NAME OF COMPANY | JOB TITLE | IMMEDIATE SUPERVISOR |
| ADDRESS (STREET, CITY, STATE, ZIP) | | | | |

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you been convicted of, or charged with a gross misdemeanor or felony crime involving fraud within the last ten years?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| or subject to a civil judgment involving fraud, misrepresentation, or conversion within the last five years?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are any of the charges described in #1 currently pending? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been adjudged bankrupt, or do you have any unsatisfied judgment in any Federal or state court as an individual? (If yes, attach copies of documents and court papers) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you previously held a fuel license in this or any other jurisdiction which was revoked or suspended for cause and never reissued as an individual, partner, in a partnership, or as an officer, director, or majority stockholder of a corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you been a defendant in any suits or legal actions regarding financial matters within the last five years?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you solvent in the sense that your assets exceed your liabilities and in the sense that you can meet your obligations as they become mature?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. If questions 1 – 5 are answered “yes”, and/or question 6 is answered no, please attach additional sheets to give complete details (courts, dates, case numbers, and explanations). Include copies of supporting documents. | | |

_____, being first duly sworn, deposes he/she has read and carefully examined all statements made, and each and all of such statements and representations are true.

SIGNATURE OF APPLICANT

| | |
|----------------------|--|
| NOTARY SEAL OR STAMP | <p style="text-align: center;">NOTARIZATION / CERTIFICATION</p> <p style="text-align: right;">Signed or attested</p> <p>State of _____ County of _____ before me on _____</p> <p>by _____ Signature _____</p> <p style="text-align: center; font-size: small;">Printed Name of Person Signing Document Notary Signature</p> <p style="text-align: center;">Notary's Name (PRINTED or STAMPED) _____</p> <p>Title _____ Notary Expiration Date _____</p> <p style="text-align: center; font-size: small;">Notary</p> |
|----------------------|--|



Prorate/Fuel Tax
PO Box 9048
Olympia, WA 98507-9048